

**Connecticut Department of Children and Families**  
**Provider of Care: Emergency Safety Intervention (Restraint and Seclusion)**  
**Web-Based Real Time Reporting Protocol**

**1. Connecticut Department of Children & Families (CT-DCF) Contact for Questions and Information:**

- Please direct questions regarding the Emergency Safety Intervention Web-Site log in procedures, the Emergency Safety Intervention report, or Average Daily Census report to either:

<b>Arnold D. Trasente, Ph.D.</b>	<b>Tammie Streeter</b>
Supervising Consulting Psychologist	Administrative Assistant
Office for Research & Evaluation (ORE)	Office for Research & Evaluation
CT Department of Children & Families	CT Department of Children & Families
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E-mail: <a href="mailto:arnold.trasente@ct.gov">arnold.trasente@ct.gov</a>	E-mail: <a href="mailto:tammie.streeter@ct.gov">tammie.streeter@ct.gov</a>

**2. Definitions for Emergency Safety Intervention Reporting:**

**"Emergency Safety Intervention"** means the use of Physical Restraint, Seclusion, Locked Seclusion, Mechanical Restraint, and/or a Psychopharmacological Agent used as a Restraint with a child/youth. With regards to the use of emergency safety interventions:

- An emergency safety intervention is only to be used in those situations where there is an imminent or immediate risk of physical injury/harm to the child/youth or others.
- An emergency safety intervention is not an intervention to be used for the convenience of staff or to coerce clients or enforce compliance by the child/youth.
- The use of an emergency safety intervention carries with it the risk of trauma and/or physical injury to both children/youth and staff.
- The potential use of an emergency safety intervention for each child/youth must always first take into consideration a child/youth specific risk assessment including factors such as developmental level, chronological age, gender, age, weight, existing health conditions, medications, history of trauma and victimization, etc.
- All uses of an emergency safety intervention must be monitored by staff and the child/youth must be assessed to ensure their safety.
- Please refer to the "Department of Children & Families Restraint & Seclusion Position Statement" at the end of this protocol on pages 18 and 19 for Department's position on the use of emergency safety interventions.

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**“Provider”** means the parent organization name for any agency or program operated, licensed, contracted, or funded by the Department to care, educate, or supervise a person at risk (child/youth) and which employs a provider or assistant provider of care. (e.g. ABC Services, Inc.).

**“Program Name”** means the specific program within the provider system of services in which the Emergency Safety Intervention occurred (e.g. Verdant House)

**“Injury”** means any physical injury of a person at risk (child/youth) that requires attention or treatment by qualified medical personnel. The term does not include serious injury.

**“Serious Injury”** means any significant impairment of the physical condition of a person at risk (child/youth) as determined by qualified medical personnel. This includes, but is not limited to, burns (rug/carpet burns are not considered a serious injury), lacerations, bone fractures, sprains, dislocations, concussions, substantial hematoma (severe bruises), and injuries to internal organs, whether self-inflicted or inflicted by someone else.

A serious injury requires more than routine first aid for treatment as determined by qualified medical personnel. For example, rug/carpet burns or minor scratches that can be treated through first aid would not qualify as a serious injury; however, strains or sprains that require going to the ED or a medical practitioner for diagnosis and treatment would qualify as a serious injury.

***Statutory Requirement for Reporting of Death and Serious Injury under CGS 46a-153:***  
Per Connecticut statute, all incidents of serious injury or death involving a child/youth that occur during an Emergency Safety Intervention must be reported by each institution or facility to the Connecticut Department of Children and Families CT-DCF). Per statute CT-DCF is required to report all of these incidents to CT Protection and Advocacy.

***Reporting a Serious Injury or Death during an Emergency Safety Intervention:*** Each incident of serious injury or death of a child/youth that occurs during an emergency safety intervention, including serious injuries or deaths that are self-inflicted by a child/youth, should be reported on the Emergency Safety Intervention form. Serious injuries that occurred prior to or after a restraint or seclusion should not be reported (e.g. a serious self-inflicted injury by a client that precipitated a restraint would not be reported). Serious injuries that occurred during the emergency safety intervention but were only discovered afterwards must be reported (e.g. a child/youth reports pain in their wrist after a physical restraint and the medical evaluation identifies a sprain or fracture of the wrist). Serious injuries during an Emergency Safety Intervention that are linked to or contribute to the subsequent death of a child/youth within five (5) days of the Emergency Safety Intervention and related serious injury must be reported as a death during an Emergency Safety Intervention.

For each incident of serious injury or death of a child/youth that occurs during an Emergency Safety Intervention (or when a death occurs within five (5) days of a contributing serious injury during an Emergency Safety Intervention) the following steps must be taken:

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- Immediately notify the CT-DCF Hotline (1-800-842-2288)
- Within 24 hours send a completed DCF-136 Report of Suspected Child Abuse/Neglect form to the Hotline
- By the end of the next business day fax the completed Report of Death and Serious Injury form and a copy of the completed DCF-136 Report of Suspected Child Abuse/Neglect form to Dr. Arnold Trasente in CT-DCF Office for Research and Evaluation at e-mail: [arnold.trasente@ct.gov](mailto:arnold.trasente@ct.gov) ; fax: 860-550-6541; phone: 860-550-6393.
- The Report of Death and Serious Injury form should be accompanied by all available incident reports, medical/nursing reports, police reports, investigation reports, attachments, and any other supporting documents. If these accompanying documents are not available by the end of the next business day after the incident they should be faxed to DCF as soon as they become available.

**“Physical Restraint”** means any personal restriction for any length of time that immobilizes or reduces the free movement of a person’s (child/youth's) arms, legs or head. The term does not include: (a) briefly holding a person in order to calm or comfort the person; (b) the minimum contact necessary to safely escort a person from one area to another (when any force is used to direct or move a client, immobilizing or reducing their free movement, it is no longer an escort but a physical restraint); (c) medical devices including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (d) helmets or other protective gear used to protect a person from physical injury due to a fall; (e) helmets, mitts and similar devices used to prevent self injury when the device is part of a documented treatment plan and is the least restrictive means available to prevent such self-injury; or, (f) mechanical restraints used to restrict the freedom of movement or normal access to a person’s body.

**“Escort”** An escort is a physical restraint when any force is used to direct or move a child/youth, immobilizing or reducing their free movement (e.g. holding a child's arm or arms to control their movement) it no longer involves the use of minimal contact to safely escort a person, but is now a physical restraint and must be reported as a physical restraint.

**“Physically Placing a Child in Seclusion”** If it is necessary to put hands on a child/youth to control their movement in order to place them into a seclusion room or area, this constitutes a physical restraint that must be reported as a physical restraint separately from the seclusion.

**“Mechanical Restraint”** means mechanical or any device attached or adjacent to the person’s (child/youth's) body that he or she cannot easily remove that restricts freedom of movement or normal access to a person’s body.

**“Psychopharmacologic Agent”** means any medication that affects the central nervous system, influencing thinking, emotion or behavior.

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**“Psychopharmacological Agent used as a Restraint”** means any psychopharmacologic agent that includes all the following:

- is administered to manage a child/youth's behavior in a way that reduces the safety risk to the child or others; and
- has the temporary effect of restricting the child/youth's freedom of movement; and
- is not a standard treatment (e.g. a standing physician's order for medication including “PRN” orders) for the child/youth's medical or psychiatric condition; and
- is administered only on an emergency or “STAT” basis.

**“Seclusion”** means the confinement of a person (child/youth) in a room, whether alone or with staff supervision, in a manner that prevents the person from leaving. The term does not include: (a) “time out” or the restriction of a person for a period of time to a designated area from which the child is not physically prevented from leaving for the purpose of providing the child with an opportunity to regain self-control; (b) in the case of seclusion at the Connecticut Juvenile Training School and Long Lane School, the placing of a single child or youth in a secure room for the purpose of sleeping.

For a seclusion to be reported (including locked seclusion) it is not required that the child/youth in seclusion test whether they can leave the designated area (e.g. push against a door or staff). If the plan is to physically prevent the child/youth from leaving the area, should they attempt to do so, it is seclusion. Seclusion does not include “time out” when a child/youth is directed or elects to stay in a designated area for a period of time, for the purpose of providing the child/youth with an opportunity to maintain self-control, and from which the child is not physically prevented from leaving. During a time out, if it becomes necessary to either plan to prevent or actually physically prevent the child/youth from leaving the designated area, it becomes a seclusion that must be reported.

**“Physically Placing a Child/Youth in Seclusion”** If it is necessary to put hands on a child/youth to control their movement in order to place them into a seclusion room or area, this constitutes a physical restraint that must be reported as a physical restraint separately from the seclusion.

**“Suicide Attempt”** means a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence (either explicit or implicit) that the child/youth intended at some level to kill himself/herself.

**“Locked Seclusion”** means the confinement “seclusion” of a child/youth in a room, whether alone or with staff supervision, with a door that is physically locked in a closed position that prevents the child/youth from leaving.

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**3. Procedures for Logging onto the Emergency Safety Intervention Web-Based Reporting Site:**

- ***Username and Password:*** Each individual program will be provided a unique Username and Password in order to log into the Emergency Safety Intervention reporting web-site. The Username and Password will be maintained by the Department of Children and Families Office for Research and Evaluation (ORE). Programs will only be able to make changes to their Username or Password by contacting CT-DCF ORE. For information on your Username and Password please use the contact information above on page 1.
- ***Link to Log In Web-Site:*** In order to log in you must use the following link which will take you to the Emergency Safety Intervention web-site:

<http://www.dir.ct.gov/dcf/COI/ESI.aspx>

- ***Log In Screen:*** When you are at the Emergency Safety Intervention web-site log in screen you will see the entry fields for the Username and Password. You will also see the access tabs for the Emergency Safety Intervention Form and the Average Daily Census Form. Once you have entered your Username and Password you can access either form by clicking the respective tab.

**4. Overview of Emergency Safety Intervention Reporting Requirements and Procedures:**

- ***Why Report:*** Connecticut state statute, sections 46a-150 to 46a-154 inclusive, guides the use and reporting of Emergency Safety Interventions. This statute includes the requirement that each state department compile annual summaries of the use of restraints and seclusions to provide to CT Protection and Advocacy. For out-of-state providers, the reporting of restraints and seclusions is part of the Memorandum of Agreement (MOA) with CT-DCF. The CT-DCF has chosen to utilize a child/youth specific real time reporting system so that this important information can be used in a more timely and individualized manner.
- ***What to Report:*** A report should be made to CT-DCF whenever any of the following Emergency Safety Interventions are used with a child/youth:
  - Physical restraint (including an escort that meets criteria for a physical restraint)
  - Seclusion
  - Locked Seclusion
  - Mechanical Restraint
  - Psychopharmacological Restraint
  - Definitions for the Emergency Safety Interventions begin on page 1 above.

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- ***When to Report:*** Emergency Safety Interventions should be reported regardless of where they occur while a child/youth is under the supervision of program staff (e.g. in a residential unit or on the grounds; off grounds in the community; or in a facility operated or contracted school. The exception to the reporting requirement is any Emergency Safety Intervention conducted by non-program staff such as the police or staff in a school that is not affiliated with or contracted by the program and does not have program staff on site providing supervision of children/youth, such as public or independent private schools. Emergency Safety Interventions conducted by school staff in public or independent private schools are not required to be reported to CT-DCF.
- ***Reporting Method:*** Each Emergency Safety Intervention that occurs in a program must be reported on a child/youth specific basis to the CT-DCF through the web-based real-time reporting system. No other forms of reporting Emergency Safety Interventions will be accepted.
- ***Report Completion - Getting Closed Out Due to Inactivity:*** Please be aware that if the Emergency Safety Intervention form remains inactive (no entries made) for more than 15 minutes it will time you out and close resulting in all data entered being lost. After 15 minutes of inactivity the system will send you a warning that you should make an entry into the system or it will close out. As long as you continue to make entries into the system and do not exceed 15 minutes of inactivity you will be able to keep the form open indefinitely. Also, the form currently cannot be saved on-line in order to return to it and complete it later.
- ***Report Submission Time Frame - Close of Next Business Day:*** Each use of an Emergency Safety Intervention with a child/youth must be reported to the CT-DCF by the close of the next business day (e.g. if a physical restraint occurred on a Tuesday morning at 8:00 AM it must be reported no later than 5:00 PM on Wednesday; or if a seclusion occurred on Friday afternoon at 1:00 PM it must be reported no later than 5:00 PM the following Monday, etc.).
- ***Who to Report On for In-State CT Programs:*** For Connecticut programs that are licensed, contracted, or operated by CT-DCF each use of an Emergency Safety Intervention must be reported to CT-DCF regardless of whether or not the child/youth is CT-DCF involved.

***Who to Report On for In-State CT Programs - CT-DCF Involved Children/Youth:***

For reports involving children/youth who are CT-DCF involved it will be necessary to also enter the child/youth's CT-DCF LINK Person identification number (not the LINK Case identification number) on the form, in addition to the first letter of the client's first, middle, and last name, their age and sex. It will also be necessary to check off whether the child/youth is DCF USD II involved (see "Client Information" below on page 9 for more details). No other identifying information for the client will need to be entered.

***Who to Report On for In-State CT Programs - Non-CT-DCF Involved Children/Youth:***

For reports for CT programs involving children/youth who are not CT-DCF involved it will be necessary to enter the first letter of the child/youths first, middle,

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and last name, their age and sex on the form. No other identifying information should be provided for a child/youth who is not involved with CT-DCF.

- ***Who to Report On for Out-of-State Programs:*** For programs outside of Connecticut that CT-DCF has approved for the placement of children, each use of an Emergency Safety Intervention with a CT-DCF involved client must be reported to the CT-DCF through the web-based reporting system. It is not required that the use of Emergency Safety Interventions with Non-CT-DCF involved children be reported using this web-based system to CT-DCF by programs outside of Connecticut.

***Who to Report On for Out-of-State Programs - CT-DCF Involved Children/Youth:***

For reports involving children who are CT-DCF involved it will be necessary to enter the client's CT-DCF LINK Person identification number (not the LINK Case identification number), as well as the first letter of the client's first, middle, and last name, their age and sex on the form. It will also be necessary to check off whether the child/youth is DCF USD II involved (see "Client Information" below beginning on page 9 for more details). No other identifying information for the client will need to be entered.

- ***How to Report:*** Each use of an Emergency Safety Intervention must be reported on a separate Emergency Safety Intervention Form. Even if there are contiguous events such as a seclusion that leads to a physical restraint due to a child injuring themselves, or the use of a physical restraint to move a child/youth into seclusion, each Emergency Safety Intervention must be reported separately on a separate form. This is necessary due to the structure of the current form that does not allow for breaking out separate interventions on one form or identifying which specific Emergency Safety Intervention resulted in an injury to a child/youth.
- ***Other Reporting Requirement:*** In addition to submitting a report for each occurrence of an Emergency Safety Intervention, it will also be necessary to submit on a monthly basis the average daily census for the program. This will be necessary for both in-state CT and out-of-state programs. Details on this reporting requirement are provided below.

**5. Procedures for Completing and Submitting the Average Daily Census Form:**

- ***Average Daily Census Reporting Requirement:*** The Average Daily Census must be submitted every month to CT-DCF through the Emergency Safety Intervention Web-Based Reporting site. This is required of both in-state CT and out-of-state programs. The Average Daily Census is needed in order to produce comparative reports using the "incident per 1000 client days" measure.
- ***Average Daily Census Reporting Time Frame:*** The Average Daily Census must be submitted to CT-DCF by the 10<sup>th</sup> day of the following month (e.g. the average daily census for March must be submitted by April 10<sup>th</sup>).

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- ***Calculating the Average Daily Census:*** The average daily census is broken into six categories by age and gender (see form example below), so potentially there could be six different average daily census entries each month. The average daily census is calculated by taking the actual census for each day of the month for each category (e.g. boys 13 and older) and totaling (adding) that daily census for each day of the month being reported on, and then dividing this category total by the number of days in that specific month. For example if in June there were exactly 10 clients who were thirteen and older in the program for every day of the month the category total would be 300 (10 children for the 30 days of June) which would then be divided by the number of days in that month, 30 for June, so that the average daily census would be 10. Please note, enter the decimal fractions for each category (e.g. 12.6. 17.1) and do not round them off.
- ***Average Daily Census Reporting Procedure:*** In order to enter the average daily census you will need to log onto the Emergency Safety Intervention web-site and click the Average Daily Census tab. This will bring you to a screen that contains the following fields:

**AVERAGE DAILY CENSUS FORM**

**Month:**

**Year:**

**Average Daily Census**  
**Breakdown of average daily client census by gender and age**

Age	Males	Female
0-8	<input type="text" value="0"/>	<input type="text" value="0"/>
9-12	<input type="text" value="4"/>	<input type="text" value="7"/>
13+	<input type="text" value="16"/>	<input type="text" value="12"/>

- To complete the form enter the month and year that the census report is for, and then enter the average daily census totals for each of the six fields that break out census by age and gender. Please do not leave any of the fields blank, and enter zero (0) if there are no census numbers for a particular age/gender category.
- 6. Procedures for Completing Each Section of the Emergency Safety Intervention Report Form:**

Important Note - As indicated above on page 6, at the top of the report form you will see the following notice regarding the need to not let the form be inactive for more than 15 minutes at a time in order to avoid having it close and losing your entered data:.



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Please note: You will get a warning message after fifteen (15) minutes of inactivity. You will need to make an entry in the form to keep it from closing out and losing the information you entered.

**Provider Information:**

- The first section of the Emergency Safety Intervention Report is Provider Information (see form example below). Once you log in for a specific program, these fields will all pre-fill for you. If there are any issues with these fields pre-filling please contact DCF.

Provider Information
<b>Provider:</b> <input style="width: 100%;" type="text" value="Provider"/>
<b>Program Name:</b> <input style="width: 100%;" type="text" value="Program"/>
<b>Program Address:</b> <input style="width: 100%;" type="text" value="Program Address"/>
<b>Program Type:</b> <input style="width: 100%;" type="text" value="PTT"/>

**Person Completing this Form:**

- For this section you will need to enter information on who completed the form (see form example below). Please provide all requesting information.

Person Completing the Form
<b>First and Last Name:</b> <input style="width: 100%;" type="text"/>
<b>Your Title in the Agency/Program:</b> <input style="width: 100%;" type="text"/>
<b>Phone:</b> <input style="width: 100%;" type="text"/>
<b>Email:</b> <input style="width: 100%;" type="text"/>

**Client Information:**

- For this section (see example below on page 10) you will need to enter the first initial of the child/youth's first, middle, and last name; their age and their gender. If this is not a DCF involved child/youth no additional information needs to be entered. For programs in CT this

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will allow for reporting on non-DCF involved children/youth without any breach of confidential information.

- If this is a DCF involved child/youth you will also need to click the box in the fourth field titled "Please click here if DCF Client." This will drop down two additional fields. For the first additional field please enter the child/youth's Person (child specific) DCF LINK Identification Number. Please check with DCF if you are unsure which number to use or do not have this number. The Department will use the LINK Person ID Number to obtain additional information on the DCF involved child/youth.
- If this is a DCF involved child/youth you will also need to identify whether or not they are a DCF Unified School District (USD) II involved "no-nexus" child/youth. No-nexus means there is no other responsible Local Education Agency (LEA) in CT. For most children their educational nexus is their LEA such as the city of Hartford. For "no-nexus" children/youth their educational nexus is the DCF USD II. The DCF USD II is required to report restraints and seclusions involving USD II children/youth to the Connecticut State Department of Education (SDE) when they occur in facility operated or contracted schools. If you are unsure if this child/youth is USD II involved please contact the DCF Area Office Social Worker or DCF Parole Officer to obtain that information.

Client Information
Please enter the initials of the client's first, middle and last name: <input style="width: 100px;" type="text"/> <span style="color: red; font-size: small;">Please enter characters only!</span>
Please enter client's age: <input style="width: 100px;" type="text"/> <span style="color: red; font-size: small;">Number field! Please enter an age less than 26!</span>
Please enter client's gender: <input checked="" type="radio"/> Female <input type="radio"/> Male
Please click here if DCF Client: <input checked="" type="checkbox"/>
Link Person (child specific) ID#: <input style="width: 100px;" type="text"/> <span style="color: red; font-size: small;">Number field!</span>
DCF USD II involved child?: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Safety Intervention Information:**

- For this section there are 17 questions which are each numbered. Some of the questions have additional follow-up questions based on what the initial answer is to that question. All of these questions address the emergency safety intervention that was used, including what occurred leading up to and after the emergency safety intervention. For a number of the questions check boxes have been provided to categorize and expedite your responses. There is also an "other" check box that is available when none of the labeled check boxes apply. The "other" box allows for a narrative entry to identify what "other" refers to.

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Question #1 (see example below) in this section requires that you identify which type of emergency safety intervention was utilized with the client and is being reported on. The choices are Physical Restraint, Seclusion, Locked Seclusion, Mechanical Restraint, and Psychopharmacological Restraint (chemical restraint). You can only check off one type of emergency safety intervention for each report. In situations where one intervention, such as seclusion, is immediately followed by a physical restraint due to a child/youth's attempt to harm themselves for example, both the seclusion and the physical restraint must be reported on separate forms. This is due to the structure of the reporting form that does not allow for each type of emergency safety intervention to be tied to specific antecedent, post intervention or injury information.

**Emergency Safety Intervention Information**

**1. Type of Emergency Safety Intervention: (Please select one)**



Physical Restraint



Seclusion



Locked Seclusion



Mechanical Restraint



Psychopharmacological Restraint

Question #1a for Physical Restraint (see example below) must be completed when a physical restraint was used with the child/youth and checked on the form. This addresses the type of physical restraint utilized (e.g. standing hold; sitting hold; prone/face down floor hold; supine/face up floor hold; escort). If more than one type of hold was needed during the course of the physical restraint (e.g. going from a standing hold to a sitting hold or from an escort to a prone floor hold) then check off all that apply if they are all part of one uninterrupted physical restraint.

**a. Which of the following physical restraints were utilized (check all that apply)**



Standing Hold



Sitting Hold



Prone Floor Hold (face-down)



Supine Floor Hold (face-up)



Escort

Question #1b for Physical Restraint (see example below) must be completed when a physical restraint was used with the child/youth and checked on the form. Please choose from the drop down list the number of staff that your restraint model requires for the physical restraint that was used with the client (e.g. for a floor hold your model may require two or three staff). If more than one physical restraint was utilized then provide this information for the last physical restraint that was utilized (e.g. if the client was moved from a standing hold to a floor hold then report on how many staff are required for the floor hold as per your restraint model).

**b. How many staff were required to conduct this physical restraint?**

Choose a number ▼

Question #1c for Physical Restraint (see example below on page 12) must be completed when a physical restraint was used with the child/youth and checked on the form. Please select yes or no

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regarding whether the physical restraint was conducted with the number of staff required by the restraint model.

**c. Was the physical restraint conducted with the required number of staff?**

☒ Yes ☐ No

Question #1d for Physical Restraint (see example below) must be completed when a physical restraint was used with the child/youth and checked on the form, and the answer is no for #1c. For #1d please briefly explain why the physical restraint was not conducted with the required number of staff.

**d. If not, explain why:**

Question #1a for Seclusion or Locked Seclusion (see example below) must be completed when either a seclusion or locked seclusion was used with the child/youth and checked on the form. Please check whether or not the child/youth attempted suicide while in seclusion or locked seclusion. Please see the definition for a suicide attempt on page 4.

**a. Was there a suicide attempt during the seclusion? Required Field!**

☐ Yes ☒ No

Question #2 for Physical Restraint (see example below) only applies to programs such as Psychiatric Residential Treatment Facilities that are required under federal guidelines to have medical/nursing authorization for the use of emergency safety interventions. If your program requires this type of authorization for an emergency safety intervention please answer whether this authorization occurred for question #2. If there is no such requirement for your program you can leave this question blank.

**2. If required under federal or other guidelines (e.g. for a PRTF) did a nurse or physician authorize this Emergency Safety Intervention?**

☐ Yes ☒ No

Question #3 for Physical Restraint (see example below) requires that you identify from the dropdown list the specific emergency safety intervention prevention/restraint model utilized by your program (e.g. CPI, Mandt, TCI, etc.). Please complete this question even if the emergency safety intervention did not involve a physical restraint since most models also include prevention or de-escalation techniques.

**3. Emergency Safety Intervention/Restraint Model:**

Choose an model



**\* Do not choose the first option!**

If the model you utilize is not in the drop down list choose other from the drop down choices for #3 and then explain what model you utilize in Question # 3a (see example below on page 13).

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**3. Emergency Safety Intervention/Restraint Model:**  \* Do not choose the first option!

**3a. If other model, please explain:**

Question # 4 (see example below) requires that you identify from the drop down list the specific location where the emergency safety intervention occurred (e.g. on site/in program milieu; off site/in community, etc.).

**4. Emergency Safety Intervention Location:**  \* Do not choose the first option!

If the location is not in the drop down list choose other from the drop down choices for #4 and then explain where the emergency safety intervention occurred in Question # 4a (see example below).

**4. Emergency Safety Intervention Location:**  \* Do not choose the first option!

**4a. If other location, please explain:**

Question # 5 (see example below) requires that you identify the date of the emergency safety intervention. This is the date when the intervention was initiated. When you click on the field a calendar pops up to select the date.

**5. Emergency Safety Intervention Date:**

Question # 6 (see example below) requires that you identify the time of the emergency safety intervention. Please provide the hour and minute and whether it was AM or PM for the time when the emergency safety intervention was first initiated.

**6. Emergency Safety Intervention Time: (example: HH:MM am or pm)**

Question # 7 (see example below) requires that you identify the duration of the intervention. If your duration includes seconds please round off the number so that 29 seconds or less is rounded down to the lower whole number (e.g. 4 minutes and 27 seconds becomes 4 minutes) and 30 seconds or more is rounded up to the next whole number (e.g. 4 minutes and 33 seconds becomes 5 minutes). If the report is for a psychopharmacological restraint please identify the duration of the restricting effects of the medication used. If the client falls asleep and remains asleep for several hours while under the effects of a psychopharmacological restraint, then the time the client fell asleep should be used as the ending time to calculate the duration for this type of emergency safety intervention.

**7. Duration (length) of Emergency Safety Intervention: (round to minutes)**

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Question # 8 (see example below) requires that you identify the reason for the emergency safety intervention as either: "Immediate or imminent physical injury by the client to others" or "Immediate or imminent physical injury by the client to self". For this question you can check both options if applicable. These are the only two reasons or conditions that justify the use of an emergency safety intervention.

**8. Reason(s) for the Emergency Safety Intervention (Please check all that apply)**

<input type="checkbox"/> Immediate or Imminent Physical Injury by Clients to Others	<input type="checkbox"/> Immediate or Imminent Physical Injury by Client to Self
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Question # 9 (see example below) requires that you identify the antecedent or precursor events that appear to have contributed to the client eventually requiring an emergency safety intervention. These are often events that set the stage or directly lead to the client becoming upset or agitated prior to eventually presenting as a risk for physical injury to themselves or others. There are twelve (12) check box options to choose from for this question and you can select as many of these as apply. If there is an antecedent or precursor event that is not captured in the check boxes you can briefly describe it under "other antecedent/precursor" in # 9a.

**9. Antecedent/Precursor events that may have contributed to the youth going into crisis and requiring an Emergency Safety Intervention (Please check all that apply)**

<input type="checkbox"/> Cancelled Home Visit/Pass	<input type="checkbox"/> Change in Daily Routine	<input type="checkbox"/> Family Contact/Visit/Session	<input type="checkbox"/> Loss of Privilege/Level
<input type="checkbox"/> Peer Conflict	<input type="checkbox"/> Received Consequences for Behavior	<input type="checkbox"/> Request to Staff Denied	<input type="checkbox"/> School Related Conflict/Issue
<input type="checkbox"/> Staff Directive/Interaction	<input type="checkbox"/> Therapy Session	<input type="checkbox"/> Upsetting News from DCF	<input type="checkbox"/> Upsetting Phone Call

9a. Other antecedent/precursor events:

Question #10 (see example below) requires that you identify the client's behavior prior to implementing the emergency safety intervention. There are eleven (11) check box options to choose from for this question and you can select as many of these as apply. If there is a behavior that is not captured in the check boxes you can briefly describe it in # 10a.

**10. Client Behavior Prior to Emergency Safety Intervention (Please check all that apply)**

<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Physical Intimidation	<input type="checkbox"/> Physical Assault	<input type="checkbox"/> Self Injurious Behavior	<input type="checkbox"/> AWOL Attempt	<input type="checkbox"/> Property Destruction
<input type="checkbox"/> Suicide Ideation	<input type="checkbox"/> Agitated Mood	<input type="checkbox"/> Withdrawn/Isolative	<input type="checkbox"/> Threatening Behavior	<input type="checkbox"/> Suicide Attempt	

10a. Other Client Behavior Prior to Emergency Safety Intervention:

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Question #11 (see example below) requires that you briefly describe the steps taken to prevent the Emergency Safety Intervention (e.g. verbal de-escalation, use of a comfort room, etc.) as well as the implementation and conclusion of the emergency safety intervention. For the implementation please describe how many staff were involved to begin the intervention and the steps taken to implement the emergency safety intervention. For the conclusion please describe what the criteria was for concluding the emergency safety intervention, the behavior and state of mind of the client at the conclusion, and how the client was transitioned from the intervention.

**11. Briefly describe the details of the steps taken to prevent the Emergency Safety Intervention as well as**



**the implementation and conclusion of the Emergency Safety Intervention:**

Question #12 (see example below) requires that you identify the behavioral status of the client following the conclusion of the emergency safety intervention. There are five (5) check box options to choose from for this question and you can select as many of these as apply. If there is a client behavior status that is not captured in the check boxes you can briefly describe it in # 14a.

**12. Client Behavior Status After the Emergency Safety Intervention (Please check all that apply)**

<input type="checkbox"/> Returned to Regular Programming	<input type="checkbox"/> Place on Enhanced Supervision	<input type="checkbox"/> Required Another Emergency Safety Intervention
<input type="checkbox"/> Required Hospitalization	<input type="checkbox"/> Required Call to Police(arrest made)	<input type="checkbox"/> Required Call to Police(no arrest made)

**12a. Other Client Behavior After the Emergency Safety Intervention:**

Question #13 (see example below) requires that you indicate whether the client was injured during the emergency safety intervention. This is for any type of injury regardless of whether it was or was not a serious injury (see definitions) that occurred during the emergency safety intervention. Any injury during an emergency safety intervention must be reported here, whether the injury was self-inflicted by the child/youth, accidental, or the result of staff actions. Please note that if any injury is identified during or after the emergency safety intervention that was not identified before the intervention it should be assumed that it occurred during the emergency safety intervention. It is also important to note that this reporting only involves injuries that occurred during an emergency safety intervention.

**13. Was the client injured during the Emergency Safety Intervention (was any injury noted during or following the ESI that was not noted prior to the ESI)?**

☐ Yes ☐ No

Question #13a will need to be answered if yes is checked to question #13 (see example below on page 16). For this question you will need to identify the type of injury that occurred, serious and/or

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non-serious (see definitions). If there were both serious and non-serious injuries during the emergency safety intervention then both should be checked.

**13a. If yes, check all that apply:**

☐ Serious ☐ Non Serious

If either a serious or non-serious injury is checked, you will need to complete questions #13b, #13c and if necessary #13d (see examples below).

Question #13b requires that you identify and describe the type or types of injuries that occurred to the child/youth, as well as the time and date that the injury occurred.

Question #13c requires that you identify the type of follow-up nursing or medical care that was provided to care for the injury, either nurse/staff first aid or medical/emergency department care. For this question one or both can be checked.

Question #13d provides an "other" option regarding what nursing or medical care was provided for the injury. This allows for a narrative entry to describe the type of care provided if it does not fit into either of the two categories in question #13c (nurse/staff first aid or medical/emergency department care).

**13a. If yes, check all that apply:**

☒ Serious ☒ Non Serious

**13b. Describe the type(s) of injury to the client:**

Time of Injury:  Date of Injury:

**13c. First Aid/Medical/Emergency Dept. Care follow-up on the client injury. Check all that apply:**

☐ Nurse/Staff First Aid ☐ Medical/Emergency Dept Care

**13d. If other Nursing/Medical follow-up, please explain:**

Time of Nursing/Medical Follow-up:  Date of Nursing/Medical Followup:

Question #13e (see example below on page 17) will need to be answered if a serious injury is checked for question #13a. For this question you will need to indicate if a report of serious injury was made to DCF on the "Report of Death and Serious Injury form, and accompanied by the necessary supporting documents. The procedures for submitting this form and accompanying information are provided in the definitions section above beginning on page 1.



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**13e. Was a report made to DCF using the Report of Death and Serious Injury Form (Serious Occurrence Form for PRTF's)?**

☒ Yes ☐ No

Question #14 (see example below) requires that you identify whether or not any staff were injured during their involvement in the emergency safety intervention. If the answer to this is yes, please briefly describe the type(s) of injury to the staff in Question # 14a.

**14. Were staff injured during the intervention?**

☒ Yes ☐ No

**14a. If yes, explain:**

Question #15 (see example below) requires that you identify whether or not a post emergency safety intervention de-briefing was conducted with the child/youth. Please see the definitions for information on de-briefing. If the answer is yes to this question please identify the time and the date that the de-briefing occurred with the child/youth.

Question #15a (see example below) will need to be answered if the answer was yes to question #15. For this question please indicate if the de-briefing was used to update the child/youth's safety plan or treatment plan.

**15. Was a Post Emergency Safety Intervention de-briefing done with the client?**

☒ Yes ☐ No

**Time of de-briefing with client:**

**Date of de-briefing with client:**

**15a. Was the information from de-briefing used to update the safety plan or treatment plan?**

☐ Yes ☒ No

Question #16 (see example below) requires that you identify whether or not a post emergency safety intervention de-briefing was conducted with the staff who were directly involved. If the answer is yes to this question please identify the time and the date that the de-briefing occurred with the staff. If multiple staff were de-briefed at different times/dates please use the time and date for the first de-briefing.

**16. Was a Post Emergency Safety Intervention de-briefing done with each of the staff directly involved in the ESI?**

☒ Yes ☐ No

**Time of de-briefing with involved staff:**

**Date of de-briefing with involved staff:**

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Question #17 (see example below) is available if you would like to briefly provide any additional narrative information or comments regarding the emergency safety intervention.

**17. Other Post Emergency Safety Intervention Comments:**

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**Department of Children & Families  
Restraint & Seclusion Position Statement**

The Department of Children and Families is committed to the goal of preventing the use of restraint and seclusion in Connecticut facilities and programs that serve children and youth through the use of a broad range of strategies including strength-based models and prevention techniques. This goal is consistent with a treatment philosophy and model that ensures a safe and therapeutic environment; that treats children and youth with dignity, respect and mutuality; protects their rights; provides the best care possible; and supports them in their growth and development. Achieving this goal may require changes in the culture of a facility or program's administrative, clinical, and milieu environment, as well as the ways in which the physical environment is utilized.

It is understood that there may be emergency situations that require the use of restraint or seclusion. However, restraint and seclusion should only be used as emergency safety interventions in situations involving the immediate or imminent risk of physical injury to the child or youth or others, and only after all possible less restrictive alternatives to reduce and eliminate the risk have been utilized unsuccessfully. In order to reflect that this is an emergency intervention for safety purposes, and to be consistent with the federal language, restraints and seclusions will be referred to from this point forward as Emergency Safety Interventions.

Emergency Safety Interventions are not considered to be forms of treatment. The use of Emergency Safety Interventions poses an inherent risk to the physical safety and psychological well-being of the involved child or youth as well as to the involved staff. It is every child and youth's right to be free from the use of Emergency Safety Interventions when these interventions are used as a means of coercion, compliance, discipline or retaliation; when used for the convenience of others; or when used as a substitute for a less restrictive intervention. It is every child and youth's right, when Emergency Safety Interventions are utilized, to have these interventions utilized for the least amount of time necessary and in the least restrictive way, taking into consideration the child or youth's chronological and developmental age, physical qualities, medical and psychiatric history, individual preferences, and cultural preferences. Every effort should be made to ensure that children and youth are not traumatized or injured as a result of Emergency Safety Interventions.

A collaborative team model that seeks participation by and utilizes input from children and youth, families, staff, advocates, and other stake holders is necessary for achieving the goal of preventing the use of Emergency Safety Interventions. This collaborative approach should be engaged at all

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systems levels, from the state agency to the facilities and programs that serve children and youth. This collaborative team model should develop and implement systems for the following:

- *Primary Prevention:* Preventing the need to use Emergency Safety Interventions through the use of creative, team oriented system wide initiatives (e.g., *preventing the occurrence of situations or crises that could lead to immediate or imminent risk requiring Emergency Safety Interventions*).
- *Secondary Prevention:* The use of early interventions which focus on the use of creative, least restrictive alternatives tailored to the individual child or youth, thereby reducing the need for Emergency Safety Interventions (e.g., *preventing situations or crises that occur from subsequently becoming an immediate or imminent risk requiring Emergency Safety Interventions*).
- *Tertiary Prevention:* Preventing or minimizing negative consequences when, in an emergency, Emergency Safety Interventions cannot be avoided and are used (e.g., *ensuring the psychological, emotional, and physical safety of the child or youth and staff during and after the use of Emergency Safety Interventions*).

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Please direct questions regarding the Emergency Safety Intervention Web-Site log in procedures, the Emergency Safety Intervention report, or Average Daily Census report to either

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